Kim and Grayson asked me to share with you how I came to integrate mindfulness into my clinical practice. The whole story would take far more time than I have with you, so allow me to start at the point where I decided to become a psychotherapist at age 51 after spending thirty years in the computer industry. I had been meditating since I was 20 and mindfulness was a key part of how I worked with my clients right from the beginning. When I did my internship at the University of Idaho Counseling Center, I was lucky enough to have a supervisor who supported a therapeutic approach that was different from the more common Cognitive-Behavioral Therapy (CBT) that the other interns were using. Instead of giving my clients CBT homework which focuses on the content of their thoughts, I was working with them much more experientially, having them pay attention to both body and mind in a way that developed out of my own experience with mindfulness meditation. This was the beginning of my application of mindfulness to therapy.

In my first 10 years as a therapist, I completed nearly 800 hours of training, the bulk of it in three areas: Jon Kabat-Zinn’s Mindfulness-Based Stress Reduction (MBSR), Ann Weiser Cornell’s Inner Relationship Focusing, and Peter Levine’s Somatic Experiencing. There are many other approaches in which mindfulness as a key component, including Marsha Linehan’s Dialectical Behavior Therapy, Pat Ogden’s Sensorimotor Psychotherapy, Ron Kurtz’s Hakomi, Steven Hayes’ Acceptance and Commitment Therapy, and of course Zindel Segal, Mark Williams, and John Teasdale’s Mindfulness-Based Cognitive Therapy. This not a complete list. There are literally dozens of mindfulness-based therapies and many good books about mindfulness and psychotherapy, a few of which can be found in Books on the Palouse Mindfulness website.

The first and most important foundation for applying mindfulness in my clinical practice was Mindfulness-Based Stress Reduction (MBSR). I had been meditating for many years before I discovered MBSR, but I was struck by how accessible, practical, non-esoteric and non-religious MBSR was, while at the same time, how deeply profound it was. I liked it so much that I got certified by the University of Massachusetts Medical School and began teaching the 8-week MBSR class in my community. While I didn’t always recommend the MBSR course to my clients, because it was often beyond the scope of our work together, I am recommending it to you if you are serious about integrating mindfulness into your therapeutic work. Taking the MBSR course will enhance your ability to “be” with your clients, to be aware of, and to accept gracefully and naturally, your own inner processes and those of your clients. This is the most important skill you can have and is actually more essential than the sharing of any specific mindfulness “technique”. There are many good MBSR training programs, including both in-person and online, including the free Palouse Mindfulness course.

The second foundation for my practice was Inner Relationship Focusing, as taught by Ann Weiser Cornell. Ann learned Focusing through Gene Gendlin, who, with Carl Rogers in the early 1960’s, evaluated the work of 16 different therapists who worked with 3 clients each for two years. They used three separate instruments to measure progress and if all three indicated improvement, they looked to see what the therapist was doing to create the successful outcome. The surprising result, after analyzing thousands of audio tapes, was that effective therapy had very little to do with what the therapist was doing and everything to do with what the clients were doing. If the clients explored their own inner experience in a particular way, which was observable in the first two sessions, the therapy would be effective, but if they didn’t, it wouldn’t. Gendlin called this process “Focusing”. He made it his life’s work to train therapists to elicit Focusing in their clients, writing his seminal book, Focusing, in 1978. Ann Weiser Cornell extended Gendlin’s work, calling it Inner Relationship Focusing, a methodology by which a person can develop awareness and a productive relationship with all aspects of themselves. Ann has a number of terrific training programs you can find through her website. She’s also written a very practical book, Focusing in Clinical Practice, describing how Focusing can be used in psychotherapy. You can find a great introduction to Focusing called Inner Listening on the Palouse Mindfulness website.

The third foundation for my clinical practice was Somatic Experiencing, which I actually learned from Lynne Zettl and Ed Josephs as Self-Regulation Therapy. Ed and Lynne had been senior trainers for
Peter Levine, founder of **Somatic Experiencing**, before creating their own version, **Self-Regulation Therapy**. Somatic Experiencing and Self-Regulation Therapy incorporate mindfulness seamlessly, inviting the client to pay attention to inner signals and images that allow them to unravel past trauma in a gentle, yet powerful way. Much of the training is learning when and how to guide clients to connect with their own inner processes, but in a particular way that avoids emotional flooding, an ever-present danger when working with clients having a history of trauma. The best introduction to Somatic Experiencing is **Waking the Tiger** by Peter Levine. Other very good references about this way of working with trauma are **The Body Remembers** by Babette Rothschild and its companion **The Body Remembers Casebook**, probably the best and most concrete description of how this type of mindfulness can be incorporated into different therapeutic models in the treatment of PTSD. **The Body Bears the Burden** by Robert Scaer is another excellent resource. Scaer discovered that whiplash symptoms are often the result of unresolved trauma rather than physical injury. Of course, no book about this way of working with trauma would be complete without Besel van der Kolk’s **The Body Keeps the Score**. It’s no coincidence that “body” is in the title in all of these books!

Even though these three sets of trainings taught me dozens of useful therapeutic “techniques”, the primary benefit that mindfulness brings to psychotherapy isn’t any specific set of techniques that you would share with clients, but the development of a keen awareness of your own and your client’s mental, emotional, and physical processes. In the hands of therapists who are mindful and appreciative of their own state of mind, heart, and body and those of their clients, almost any therapeutic methodology would be effective. Paul Fulton, in **Mindfulness and Psychotherapy**, asks “Would you rather be 20% more aware/attentive or have 20% more techniques?”

Early in my clinical practice, a client would occasionally ask if I used biofeedback. I would say that I didn’t, but after a time I realized that I did, in fact, use biofeedback. I would tell them that their body is the most sophisticated biofeedback system in the universe, and that I would teach them how to use it to know what is happening in both their own body and their mind. I would usually introduce this idea to my clients in our very first session together, after learning what they hoped would happen in therapy and what their resources were, that is, what was life-giving and grounding in their lives. It would go something like this:

> After introducing the idea that their body is the most sophisticated biofeedback system in the universe, I would suggest to my clients that they know their own likes and dislikes through their body. Most people don’t realize this, but neuroscientists know it well. Studies of body and mind show that we know emotion through our bodies, even if we’re not aware that it’s working this way (a great reference to this idea is **Decartes’ Error** by Antonio Demasio).

> I might then tell a new client, “If someone mentions a restaurant you hate, you know it immediately, viscerally, without having to consult a mental checklist – you literally know it in your gut. In the same way, if someone mentions a restaurant or food that you love, you know that, too, immediately and viscerally. In our work together, we’ll be paying close attention to body sensation. For instance, right now you can feel your feet on the floor…” *(at this point I guided the Antioch psychology class through a brief body scan and then to breath awareness, sort of a 5-minute combination of MBSR’s **Body Scan** and **Sitting Meditation**)*

This was **the** most significant aspect of my practice: exploring with clients their own inner landscape, both body and mind. I considered this to be sacred work because I was being invited into the most private of spaces, places that my clients had not, in some cases, shared with anyone else, maybe not even themselves. I was **with** them as they were discovering things about themselves, sometimes for the first time.

This requires an attitude of total acceptance of a client’s experience, seeing things through their eyes, aware of how they are processing things emotionally, physically, mentally. I once worked with a fellow therapist who said that she had previously worked with another therapist who used a similar approach, but, she said, “With my previous therapist, who was very good, I felt as if she were right across from me, understanding me, but from ‘over there’. With you, it’s like you are right beside me, looking through my eyes, feeling my feelings”. This is what Carl Rogers meant by “unconditional acceptance”. I wasn’t on the outside judging her experience, I was experiencing things **with** her.
To do this, I had to see the beauty in her, honor her experience exactly as it was, understand implicitly where she was coming from. Years ago, I had a client who could not leave her emotionally abusive husband because, she would say, “Marriage is forever – I made a commitment to him and to God”. He no longer physically abused her, but there was no need. All it took was a cross look or a comment to bend her will to his. I knew I couldn’t talk her into leaving; this commitment to marriage was a fundamental truth for her. During one session, I realized I was probably signaling my judgement about her not leaving her husband, and I told her, “you probably see me get a critical expression on my face when you talk about how difficult your husband is (she nodded affirmatively). That’s because I want to tell you ‘leave him’, but that’s what everyone else is doing in your life. All your friends and even your husband’s own brother, are telling you emphatically to leave him, and that’s not helpful to you. If you were to leave him because I told you to do so, once again you’re letting someone else decide what’s right for you. I know that you need to decide, and I understand why it’s hard to leave him when you have such a strong belief that marriage is forever.”

Before any change is possible, there needs to be a genuine exploration of your client’s world (as well as yours). Carl Rogers once said:

“When functioning best, the therapist is so much inside the private world of the other that he or she can clarify not only the meanings of which the client is aware but even those just below the level of awareness. This kind of sensitive, active listening is exceedingly rare in our lives.” (Rogers often said that the therapist must be aware of what the client is thinking and feeling “as if” one were the person, but without ever losing the “as if” condition.)

Over a period of months, without me telling her what she should do, my client began to find some independence from her abusive husband. Her belief about marriage being forever shifted to the point where she could separate from him, and about a year later she did divorce him. But she didn’t divorce him because I told her it would be better for her; she did it because she found strength and beauty in herself, qualities I reinforced from the beginning because I could see them so clearly in her.

My wife once asked, “Do you like all your clients?”. When I thought about it, I realized that I did. The few who I didn’t like didn’t stay with me beyond the first session or two. The “unconditional positive regard” that Carl Rogers is known for is actually about love, loving the client in the way you care for the people you love, wanting them to be safe and healthy, even when you disagree with them.

Before I end, I want to share with you what I would do when I would get really stuck with a client (which was often!). If you’ve done any clinical work at all, you know the feeling. Nothing is working and you descend into a vicious cycle, a desperate and unsuccessful search for a “silver bullet” intervention. This was so uncomfortable for me in the beginning, that at one point I decided that I would just be honest with a client and tell her that I was stuck and had no idea where to go from there. Not surprisingly, the client became even more panicked than I was. I never did that again…

But after many stuck moments like these, probably more out of resignation than wisdom, I decided on a different strategy. When I got stuck and didn’t know what to “do”, I would acknowledge it internally (without sharing it with the client!), and replace the frantic search for a strategy with simply wishing my client peace and ease as they talked, wishing that things were better for them, loving who they were. This was not hard to do, because, as I said, I genuinely liked and enjoyed my clients. (This was actually a key skill I learned in my years of meditation, the possibility of being with things exactly as they are without unnecessary struggle.)

Almost always, after giving up, being certain that this would be one of those times when nothing would work, totally out of the blue, something would shift. My client would unexpectedly break out of an unproductive narrative, or I would find myself spontaneously saying or doing something I hadn’t planned. Most of the time, I wasn’t able to pinpoint exactly what happened – I would just suddenly notice that out of that space of stopping my desperate search for a workable intervention, and simply wishing the best for my client, something fresh and productive would happen.

I often tell people that compassion, and especially self-compassion, is the most important component of the Palouse Mindfulness course. It is the oil that makes the gears of mindfulness work. Without it, the practices are at best, dry and mechanical, and at worst, harsh and counter-productive. At the heart of our lack of compassion for ourselves is the lie that many of us grew up with, that in order to be successful, we must not only work hard, but we must continually criticize ourselves.
I’ll end with something a new mindfulness graduate, who is a psychotherapist, wrote recently in his “letter of learning”:

I think that my biggest takeaway from this program has been learning how to be compassionate with myself. I realized how judgmental I was of myself, whereas if a friend of mine was having a similar experience I would be very positive and supportive. Instead of panicking when things began to go awry, I learned it was possible to bring a loving-curiosity and acceptance to what was happening. For instance, if things aren’t going the way I wanted them to in a session with a client, I became curious about what was happening, gentle with myself and them, instead of jumping on all the things I thought I was doing wrong.

Sometimes I tell students that learning mindfulness isn’t about feeling peaceful all the time; it’s about learning to be at peace with not feeling peaceful. This is actually an advanced practice, but if you can manage this, it will give you and your clients the strength and courage to move forward even through difficult periods. **This** is self-compassion.